

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: POLARIS OPERATING, LLC, <i>et al.</i>, Debtors¹	§ § § § §	Chapter 11 Case No. 23-32810 (CML) (Jointly Administered)
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SUGGESTION OF DEATH

The undersigned informs and suggests to the Court that on February 15, 2024, Robert Price Brent, III, a Claimant in this case, passed away. A copy of the death certificate evidencing same (with social security number redacted) is attached as Exhibit 1. The Executrix for the Estate of Robert Price Brent, III is Beth Marsh, whose address is 1270 Mesa Avenue, Colorado Springs, Colorado 80906.

The proof of claim for Robert Price Brent, III is Proof of Claim No. 57-1.

Dated this 24th day of September, 2024.

Respectfully submitted,

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By: /s/ John H. Lovell
John H. Lovell

¹ The debtors and debtors in possession in these chapter 11 cases, along with the last four digits of their respective Employer Identification Numbers, are as follows: CCCB Energy Partners, LLC (5918); Polaris Operating, LLC (9852); NAP I, LLC (6767); and Cottonwood Gas Gathering, LLC (8983). The Debtors' service address is: 5944 Luther Lane, Suite 400, Dallas, TX 75225.

CERTIFICATE OF SERVICE

This is to certify that I have on this day electronically filed the foregoing using the Court's CM/ECF filing system, which sends a notice of this filing and an accompanying link to this filing to all parties who have filed a notice of appearance in this case under the Court's CM/ECF system.

Dated: September 24, 2024.

/s/ John H. Lovell
John H. Lovell

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Mar 04 2024

CERTIFICATE OF DEATH**STATE FILE NUMBER**

142-24-035761

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
ROBERT PRICE BRENT III				FEBRUARY 15, 2024	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
MALE	JULY 8, 1937	86	AMARILLO, TX		
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		SHARON BRUMLEY	
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
4801 OLSEN BLVD				AMARILLO	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
POTTER	TEXAS	79106	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE		
ROBERT PRICE BRENT JR.			LILLIAN BLANCHE THOMPSON		
13. PLACE OF DEATH (CHECK ONLY ONE)					
<input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		15. FACILITY NAME (If not institution, give street address)			
POTTER AMARILLO, 79101		THE SYCAMORE AT PARK CENTRAL			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
SHARON BRENT - WIFE			4801 OLSEN BLVD, AMARILLO, TX 79106		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		STEVEN BOXWELL, BY ELECTRONIC SIGNATURE - 11723		Block	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)		24. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
CITY VIEW CREMATORY		VEGA, TX		2800 PARAMOUNT, AMARILLO, TX 79109	
25. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
RON K RANKIN, BY ELECTRONIC SIGNATURE		FEBRUARY 21, 2024	K5385	05:20 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
RON K RANKIN 5211 SW 9TH, STE. 100, AMARILLO, TX 79106				MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. ALZHEIMER'S DISEASE					
Due to (or as a consequence of):					
b. Due to (or as a consequence of):					
c. Due to (or as a consequence of):					
d. Due to (or as a consequence of):					
Approximate interval: Onset to death					
YEARS					
34. WAS AN AUTOPSY PERFORMED?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
40e. LOCATION (Street and Number, City, State, Zip Code)					
40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO		42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR		
02000420		MARCH 4, 2024	Tara Das		
EDR NUMBER 00004444583307					

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Mar 05 2024

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT 1